



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

**Marco Racanelli**

Serial No.: 09/833,953

Filed: April 11, 2001

For: **Low Cost Fabrication of High  
Resistivity Resistors**

Art Unit: 2823

Examiner: Maldonado, Julio J.

**RESPONSE TO FINAL OFFICE ACTION**

Mail Stop AF  
Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Final Office Action* dated November 18, 2003 in the above-referenced patent application. Please enter and consider the following remarks.



*Maye* AF/2806

Attorney Docket No.: 00CON161P

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: Marco Racanelli

SERIAL NO.: 09/833,953 FILED: April 11, 2001

FOR: Low Cost Fabrication of High Resistivity Resistors

Mail Stop AF  
HONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- No additional fee is required.  
 The fee has been calculated as shown below:

<input type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

- TOTAL EXTENSION FEE \$ 0.00  
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	22	MINUS **25	* = 0	x 18	x 9	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 86	x 43	\$

First presentation of multiple dependent claim

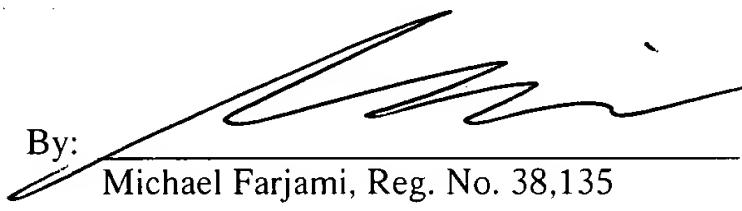
+ 290	+ 145	\$
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TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

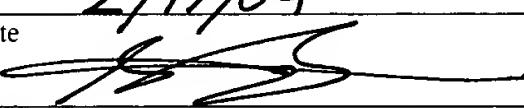
- Total fee for Supplemental Information Disclosure Statement \$
- Enclosed is the total fee of \$ 0.00
- Please charge Deposit Account No. 50-0731 in the amount of \$
- The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 2/17/04

By:   
Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF; Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

2/17/04  
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Signature  
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